

Division of Corporations

**PR3000004519**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MRS CORP.

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

MR5 CORP.

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
2840 WEST BAY DRIVE, #388  
BELLE AIR BLUFFS, FL 33770

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for any and all purposes for which a corporation may be formed in Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RUSSELL BRUCE  
Address: 2840 WEST BAY DRIVE, #388  
BELLE AIR BLUFFS, FL 33770Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RUSSELL BRUCE  
Address: 2840 WEST BAY DRIVE, #388  
BELLE AIR BLUFFS, FL 33770**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RUSSELL BRUCE  
Address: 2840 WEST BAY DRIVE, #388  
BELLE AIR BLUFFS, FL 33770

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

⊗ Russell Bruce

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

⊗ Russell Bruce

Required Signature/Incorporator

FILED  
18 JAN 11 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA1/10/131/10/13